

## R430-60-7: PERSONNEL.

- (1) The center must have a director who is at least 21 years of age.

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC 3<sup>rd</sup> Ed. pg.11 Standard 1.3.1.1.*

### Enforcement

*Two directors may be listed on a center's license, as long as both meet director qualifications.*

*Always Level 2 Noncompliance.*

- (1) The center must have a director who is at least 21 years of age and who has one of the following
- (a) an associates, bachelors, or graduate degree in child development, early childhood education, elementary education, or recreation from an accredited college;
  - (b) a college degree in a related field with documented four courses of higher education completed in child development;
  - (c) valid proof of a level 8, 9, or 10 Utah Early Childhood Career Ladder certification issued by the Utah Office of Child Care or the Utah Child Care Professional Development Institute;
  - (d) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other credential that the licensee demonstrates as equivalent to the Department; or
  - (e) a currently valid National Administrator Credential (NAC) issued by the National Child Care Association, plus one of the following:
    - (i) valid proof of successful completion of 12 semester credit hours of early childhood development courses from an accredited college; or
    - (ii) valid proof of completion of the following six Utah Early Childhood Career Ladder courses offered through Child Care Resource and Referral: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.
  - (f) two years experience in child care, elementary education, or a related field.

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC 3<sup>rd</sup> Ed. pg.11 Standard 1.3.1.1.*

*College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. CFOC 3<sup>rd</sup> Ed. pg.11 Standard 1.3.1.1.*

### Enforcement

*Successful completion of a college course means a passing grade of C or better.*

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*Continuing Education Units (CEU) are different from college credits. In order to count as college credit, a course must appear on an official transcript from an accredited college or university.*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*There are online courses, such as CARE courses and classes from NACCRRRA, that can be used to be in compliance with this rule. Check with your local Child Care Resource and Referral office for more information.*

*Level 2 Noncompliance except as described below.*

*Level 3 Noncompliance if directors have expired NAC, CDA, or CCP credentials.*

**(2) All caregivers included in the required caregiver to child ratios shall be at least 18 years of age.**

### **Rationale / Explanation**

*Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, 3<sup>d</sup> Ed. pg. 13 Standard 1.3.2.3.*

*The American Academy of Pediatrics and the American Public Health Association recommend that lead caregivers be at least 21 years of age. CFOC, 3<sup>d</sup> Ed. pg. 12, Standard 1.3.2.2.*

### **Enforcement**

*Always Level 2 Noncompliance.*

**(3) A volunteer may be included in the provider to child ratio only if the volunteer meets all of the caregiver requirements of this rule.**

### **Rationale / Explanation**

*A volunteer is anyone who provides care to a child but does not receive direct or indirect compensation for doing so.*

### **Enforcement**

*The child care licensing statute defines child care as care for children through age 12 and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*

**(4) Each new director, assistant director, caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:**

- (a) specific job responsibilities;**
- (b) the center's emergency and disaster plan;**

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- (c) the current child care licensing rules found in Sections R430-60-11 through 24;
- (d) procedure for releasing children to authorized individuals only;
- (e) proper clean up of body fluids;
- (f) signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
- (g) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.
- (h) If the center provides infant or toddler care, new caregiver orientation training topics shall also include:
  - (i) preventing shaken baby syndrome and coping with crying babies; and
  - (ii) preventing sudden infant death syndrome.

### **Rationale / Explanation**

*The purpose of this rule is to ensure that all new staff members receive basic training for the work they will be doing and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC 3<sup>rd</sup> Ed. pgs. 21-22 Standard 1.4.2.1*

*A yearly review of the center's written policies encourages administrators to keep this information current. CFOC 3<sup>rd</sup> Ed. pg. 349 Standard 9.2.1.2*

### **Enforcement**

*Licensees may have up to 5 working days after a new caregiver starts working with children to complete the required orientation training, provided the new caregiver is never left alone with children until all of the required orientation training is completed.*

*In order to meet the requirement for training in Sections 11-24 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.*

*Because they interact with the children and specific health and safety rules apply to their work, van drivers and cooks are required to complete orientation training.*

*Program guests, such as someone to put on a puppet show or to offer dance lessons to children, need orientation training if they are left unsupervised with the children.*

*High school or college students who work with children in a center as part of a child development class are considered to be volunteers and must complete orientation training. High school or college students who only observe children at a center, but do not interact with the children, are not required to complete orientation training.*

*Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios, and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*

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*Level 2 Noncompliance if a new caregiver does not have orientation training, or documentation of orientation training, in:*

*the center's emergency and disaster plan*

*the child care licensing rules for:*

- supervision and ratios.*
- injury prevention*
- parent notification and child security*
- child health*
- infection control*
- medications*
- napping*
- child discipline*
- transportation*
- diapering*
- infant and toddler care*

*procedures for releasing children to authorized individuals only*

*proper clean up of body fluids*

*signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation*

*obtaining assistance in emergencies, as specified in the center's emergency and disaster plan*

*SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants*

*Level 3 Noncompliance if a new caregiver does not have orientation training, or documentation of orientation training, in:*

*job responsibilities*

*the child care licensing rules for:*

- child nutrition*
- activities*
- animals*

- (5) The following individuals shall complete a minimum of 10 hours of child care training each year, based on the center's license date:**
  - (a) the director;**
  - (b) all caregivers;**
  - (c) all substitutes who work an average of 10 hours a week or more, as averaged over any three month period; and**
  - (d) all volunteers that the provider includes in the provider to child ratio.**
- (6) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.**
- (7) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicensure date.**

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### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC 3<sup>rd</sup> Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6*

*Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC 3<sup>rd</sup> Ed. pg. 393 Standard 9.4.3.3.*

### **Enforcement**

*A substitute is someone who provides care on an irregular or sporadic basis. A person with a regular schedule, is considered a regular caregiver, not a substitute.*

*Van drivers, cooks, secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete annual training, unless they help out in a classroom an average of 10 hours per week or more, as averaged over a three month period.*

*Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.*

*In-house training conducted at staff meetings may be documented in a log that includes all of the required information.*

*To count as face to face training, there must be a certificate or other documentation from the agency delivering the training for training from outside sources, such as CCR&R or outside workshops or conferences. If there is no certificate or other documentation, the training can count towards the required training hours but not as face-to-face training.*

*College and high school students may count clock time spent in child development courses as hours of annual training. One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*Caregivers who begin working partway through the licensing year must have completed an average of 50 minutes of training for each full month of employment. Half of this training must be face-to-face training. Time spent in orientation training during a new employee's first year of employment can count toward his/her hours of required annual training for the first year.*

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*Watching reality TV and talk shows is not considered to be child care training.*

*Level 2 Noncompliance if caregivers don't have the required hours of training.*

*Level 3 Noncompliance if caregivers have documentation of receiving the required hours of training, but the training documentation does not include all of the information required in the rule (name of the training organization, the date, the training topic, and the total hours or minutes of training).*

- (8) **Annual training hours shall include the following topics:**
- (a) **the current child care licensing rules found in Sections R430-60-11 through 24;**
  - (b) **a review of the center's policies and procedures and emergency and disaster plans, including any updates;**
  - (c) **signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;**
  - (d) **principles of child growth and development, including development of the brain; and**
  - (e) **positive guidance.**
- (9) **If the center provides infant or toddler care, annual training topics for the center director and all infant and toddler caregivers shall also include:**
- (a) **preventing shaken baby syndrome and coping with crying babies; and**
  - (b) **preventing sudden infant death syndrome.**

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC 3<sup>rd</sup> Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6*

*A yearly review of the center's written policies encourages administrators to keep this information current. CFOC 3<sup>rd</sup> Ed. pg.349 Standard 9.2.1.2.*

### **Enforcement**

*In order to meet the requirement for training in Sections 11-24 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*Watching reality TV and talk shows is not considered to be child care training.*

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*Always Level 3 Noncompliance.*

**(10) A minimum of 5 hours of the required annual in-service training shall be face-to-face instruction.**

### Rationale / Explanation

*The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC 3<sup>rd</sup> Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6*

*Face-to-face training is important because class members can engage in discussion with one another and ask questions about the class content.*

### **Enforcement**

*Examples of face-to-face training include time spent in center staff meeting trainings, conferences, and workshops. College and high school students may count clock time spent in child development courses as face-to-face training if the class is in-person (as opposed to online or take-home packets).*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*Always Level 2 Noncompliance.*